File with: louis Ethics and Carr Disclosure Board 510 E. 12th, Ste. 1A





BACK OF FORMPOND IAN IS PM L: 30

Das Maines, Iows 50319 Fac 515-251-4073	DISCLOSURE	SUMMARY PAGE	Jan 10	11 4- 50	
COMMITTEE NAME (Must b	e same as on Statement of Orga	nization)			
Citizans	For Peterso	<u>~</u>	- 8	orm DR-2	DISCLOSURE
EMPORTANT: Indicate by # type (1) Statematical exhibition (indicate)	of committee you are reporting for:	2)State PAC (3)State Party	1 14	rv. 07/2007)	REPORT
(4) County Control Committee (Subdivision Condidate (8) Coun 11) Local Ballot Issue	5)County Condidute (6)City Cendi by PAC (9)City PAC (10)School i) State PAC (3) State Party date (7) School Board or Other Politi loand or Other Political Subdivision P/			17850
CANDIDATE COMMITTEES	ORLY:			ged In-	
Candidate Name	F. cc. 10	Political Party (If applicable)	Sca	ngular 1911	
Add Pe	21360			ngular <u>1911 \</u> Itad	
Canyty S	Larson Laparvisar	District (If Senate or House)			
,	•	reward to lown Code sections 688.3	2A(7) and 68A	.401(3), th e ca	ndidate, for a
The Me		549-3780		1-19-L	09
Eur Mee BIGNATURE OF PERSON FI	LING REPORT	549-3780 TELEPHONE		DATE 8	GRED
I AM FILING A	-2009	REPORT FOR (1) ELECTIO	M /(2)NON-E	LECTION YE	AR.
· <u> </u>	eput date)	Indicate b			
CHECK IF AMENDMENT	TO REPORT DATED		Local Comm	itions, enter De	e of Election
Check if this is first (termin (You must continue)	nailion) report and altach Notice o In file reports until a DR-S is filed	f Dissolution Form DR-3. .)	County & Co	- O State	, enter County in
STATE	IENT OF CASH ON HAND				
committee. This am	raing of the reporting period. (To ount MUST be the same as the o period of must be zero if this is th		\$	1/2	.14
	Y TAKEN IN THIS PERIOD				•
Schedule A: Cash C	Contributions total (Attach Sched	ulė A) (*alao see in-kind below)	***********	0	
Schedule F: Louins	Received total (Attach Schedule	F)	···· • • • • • • • • • • • • • • • • •		
Schedule H: Total S	iales of Campaign Property (Atta	ch Schedule H}	22 14 4 24 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
(Schedule	Hamiles to Cendidates' Comm	niims Oniv) SUB-TOTAL.	\$: //2	.14
SUBTRACT TOTAL	. MONEY SPENT THIS PERIOD				
		("elao see debta and loans below	vi	9)	49
	•	6 F)		20	65
		ort balance must be 2800)	•	C)
"UNPAID BILLS (From Scho	dule D - Attach Schedule D)	######################################			<u> </u>
	-	iule (5)			
		le F)	•		
CONSULTANT BREAKDOW	•	-		YES	NO
CANDIDATE COMMITTEES	ONE.Y:				
VALUE OF CAMPAIGN PRO	PERTY (From Schedule H - Atta	ch Schedule H)	\$		
	nit a reconciled cumpaign accous			_	

COMMITTEE NAME (Must be same as on Statement of Organization)

FOR	INSTRUCTIONS.	SEE BACK	OF FORM
<i>,</i> vn			UI I UI MI

2.0		
80		

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF ENDING FORM

C.	tizous	For Peterso	γ		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPO (DESCRIBE TRA	ansaction)	AMOUNT EXPENDED
11-4-08	CK#	Mossongo-Paper Fort Dodgo, Ia	}		\$46,70
11-7-08	CK#	Socarity Savings Fornham ville Ia	Stop Paym chock	inton	25,00
12-15-08	CK#	Security savings Farnhamuille In	Sarvica C	haryos	19.79
	CK#				
	ID#				
	CK#				
	CK#				
	ID# GK#			·	
				SUB-TOTAL	\$91,49

THIS BOX APPL			-

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, potting, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A.402(3)(i).)

	,		1	
Page	/	of	' /	

TOTAL (if lest page of this schedule)

	E BACK OF FORM		3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	CHEDULE F	LOANS
	to some as on Statement of Organization)		·	(Rev. 02/08)	RECEIV & REPA
E: This achedule repo	rts money located to the committee which is deposited it wrom LAST REPORTING PERIOD \$ 27 29		count.	AMENDII	
(Original source	ANS RECEIVED THIS REPORTING PERIOD of Inen, such as a bank, must be shown if a third party is NAME AND ADDRESS OF LENDER		loens from candida	te's personal i	
DATE RECEIVED (MM/DD/YR)	(Include Endorser's Name, if Applicable)		ATE (If Applicable*)	Maconii	W FOUN
				\$	
					v
					••
RT II - MONETARY L (Lours furgiver	OAN REPAYMENTS MADE THIS REPORTING PERM I must be reported on Schedule E — in-kind Contribution	TOTAL (F	PART I)	•	
(Louis forgiver	n must be reported on Schedule E In-kind Contribution NAME AND ADDRESS OF LENDER	70 13.) REL	ATIONSHIP TO	\$	REPAID
(Lowns forgiver	n must be reported on Schedule E In-kind Contribution NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	REL/ CANDID	ATIONSHIP TO ATE" (If Applicable)	\$	
(Lowns forgiver	n must be reported on Schedule E In-kind Contribution NAME AND ADDRESS OF LENDER	REL/ CANDID	ATIONSHIP TO	, , , , , , , , , , , , , , , , , , , ,	,
(Lowns forgiver	n must be reported on Schedule E In-kind Contribution NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	REL/ CANDID	ATIONSHIP TO ATE" (If Applicable)	\$,
(Lowns forgiver	n must be reported on Schedule E In-kind Contribution NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	REL/ CANDID	ATIONSHIP TO ATE" (If Applicable)	\$,
(Lowns forgiver	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	REL/ CANDID	ATIONSHIP TO ATE" (If Applicable)	20,	65
(Lowns forgiver	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	SH REPAYMENTS	ATIONSHIP TO ATE" (IT Applicable)	20,	65